

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2019 AUG 20 PM 2:51
S.D. OF N.Y.

Forest L. Fate

Write the full name of each plaintiff.

No. 19-cv-5519

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Correct Care Solutions Medical Dept et al.,

Jouliana Petranker medical Administrator

Rockland County Sheriff Correction Sheriff Falco

County Commissioner Ed Day et al.,

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Forest

First Name

L

Middle Initial

Fate

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

009879

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rockland County Correctional Facility

Current Place of Detention

51-New Hempstead Road

Institutional Address

Rockland New City

County, City

New York

State

10956

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Jouliana Petranker, NSA, MPH, LNA, CCHD,
 First Name Last Name Shield #
Medical Administrator, Correct Care Solutions
 Current Job Title (or other identifying information)
53 - New Hempstead Road
 Current Work Address
Rockland, New City New York 10956
 County, City State Zip Code

Defendant 2:

Sheriff Falco
 First Name Last Name Shield #
Rockland County Sheriff
 Current Job Title (or other identifying information)
51 - New Hempstead Road
 Current Work Address
Rockland, New City New York 10956
 County, City State Zip Code

Defendant 3:

Ed Day
 First Name Last Name Shield #
County Commissioner
 Current Job Title (or other identifying information)
Rock County
 Current Work Address
 County, City State Zip Code

Defendant 4:

Correct Care Solutions
 First Name Last Name Shield #
Contracted with the Rockland County Jail medical Dept, et. al.
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Rockland County Correctional Facility, New City, NY

Date(s) of occurrence: 3-14-2019 — 4-12-2019 — 8-15-19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 3-14-19 I was transferred to the Rockland County Jail from the Nash County Jail, in Nash County North Carolina. I informed the medical staff upon my arrival of all my medical conditions and the medications. Upon my arrest on 1-4-19 my hearing aids also my glasses got misplaced. I informed the medical staff here at the Rockland County Jail and they brought my medical concerns to the nurse Administrator and She Jouliana^{nurse} called me into the medical department to inform me that I will not get any hearing aids while at the Rockland County Jail. She indicated that the Jail doesn't have a contract with any hearing specialist in this area and that I could wait until I go upstate or go home. I explained that I were suffering with hearing problems, missing meal, and getting placed on keep lock because of my hearing problems. She suggested that I get an inmate to keep me informed so I don't get keep locked or miss meals. When I went to see the doctor she came in the room and as I expressed my medical concerns, such as my hearing problem, my back pain, eye problem, Ms Jouliana, told the doctor not to give me pain meds, also that I was not getting hearing aids, wait until I was sent up state. The doctor recommended that I go for audio testing and after the audio testing those doctor's recommended that I get a right hearing aid and that my left side hearing was so bad hearing aid wouldn't help. When Administrator Nurse Jouliana Petranker got the audio test results she yet refuse to get me a hearing aid or

any reasonable accommodations, she said she would put a hearing impaired on my door so I wouldn't miss meals, or get kept locked, and then she said find someone to get my attention during these times and keep up with time, she neglected to put a sign on my door, and instructed the doctors here not to send me out to get hearing aids because she doesn't think I need them anymore, so I have been suffering ever since 1-4-19 when my hearing aids were lost by the United States Marshalls whom arrested me in North Carolina. This nurse deliberately took my sick call request and told the doctors here what they could and could not do for my medical concerns. There are other medical conditions that this nurse ~~has~~ INJURIES: has neglected and prevented from being addressed. I've been suffering for 8 months without my hearing aids, approx 5 months at this facility due to if you were injured as a result of these actions, describe your injuries and what medical treatment, this nurse. if any, you required and received.

Ear problems, hearing problem, inadequate medical treatment, neglect, suffering mentally and physically. I've had to have my family to give me money weekly for commissary so I could buy food for the missed meals, I can't hear them on the phone most of the time so they order text message (email) so I can communicate with them, my hearing has gotten worse since I've been here.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensative Damage, Respectfully Request that the Court grant the amount of One Hundred Thousand Dollars, \$100,000

Punitive Damage, Plaintiff Respectfully Request that the Court grant the amount of Fifty Thousand Dollars \$50,000

Mental Anguish Damage, Plaintiff Respectfully Request that the Court grant the amount of One Million Dollars, 1,000,000 and whatever else the Court deems necessary.

That this Nurse Administrator not be allowed to make decisions for doctors, and that she not be allowed to neglect anyone whom has a medical disability of proper adequate medical attention, or reasonable accommodations

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-16-19

Dated


Plaintiff's Signature

First Name

Middle Initial

Last Name

Prison Address

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:



GOOD SAMARITAN HOSPITAL

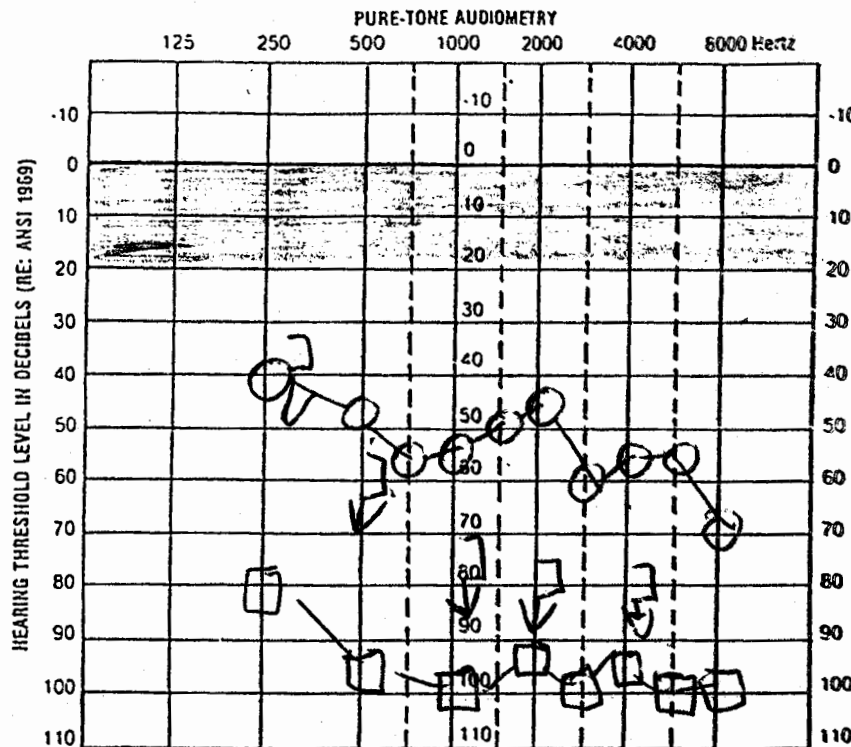
Bon Secours Charity Health System

DATE 4/12/19

NAME Forest Fate

AGE 55

EXAMINER UGMAF-AAA



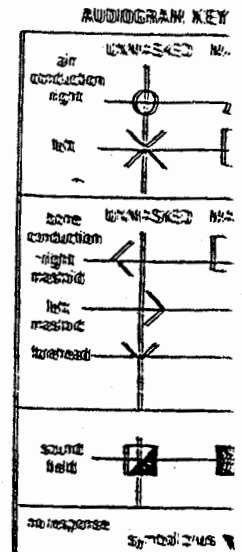
PURE-TONE AVERAGE (500-1000-2000 Hz)

	TWO - FREQUENCY	THREE - FREQUENCY
RIGHT		
LEFT		

MASKING LEVELS (in dB SPL)

	AIR		BONE	
	RIGHT	LEFT	RIGHT	LEFT
250				
500				
1000				
2000				
4000				
8000				

TYPE OF NOISE:



OAE RESULT

RIGHT up

LEFT up

SPONDEE THRESHOLD (dB HTL)		MCL	UCL
RIGHT	40		
masking in LEFT			
LEFT	75		
masking in RIGHT	60		
SOUND FIELD			

STIMULI:	DELIVERED BY:	MASKING:	CALIBRATION FOR SPEECH:
W-1 <input checked="" type="checkbox"/>	TAPE <input type="checkbox"/>	WHITE NOISE <input type="checkbox"/>	CS SPL
OTHER: <input type="checkbox"/>	LIVE VOICE <input type="checkbox"/>		

DISCRIMINATION % CORRECT							
RIGHT	SCORE %	NTL	SCORE %	NTL	SCORE %	NTL	
		LIST #		LIST #		LIST #	
masking in LEFT							
LEFT	SCORE %	NTL	SCORE %	NTL	SCORE %	NTL	
		LIST #		LIST #		LIST #	
masking in RIGHT							
SOUND FIELD	SCORE %	NTL	SCORE %	NTL	SCORE %	NTL	
		LIST #		LIST #		LIST #	

STIMULI:		RESPONSE:		DELIVERED BY:		MASKING:	
NU-6 <input type="checkbox"/>	PSK <input type="checkbox"/>	TALK BACK <input type="checkbox"/>	FIG <input type="checkbox"/>	TAPE <input type="checkbox"/>	LIVE VOICE <input type="checkbox"/>	WHITE NOISE <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>		MULTI CHOICE <input type="checkbox"/>		LIVE VOICE <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

ABBREVIATIONS MCL... MOST COMFORTABLE LOUDNESS UCL... UNCOMFORTABLE LOUDNESS

COMMENTS: Dx - No useable hearing for the LE. Profound loss of hearing LE. Right ear - Moderate to severe sensorineural hearing loss. Rx - Hearing Aid recommended for the right ear. Ref to Sawoni

IMPEDANCE AUDIOMETRY

Left	TYPE: A	Right	TYPE: A
PEAK COMPLIANCE		PEAK COMPLIANCE	

Stapedius Reflex (HTL)

	500	1000	2000	4000	S.R.	DEC
Sound RE	✓	✓	✓	✓	500	100
Sound LE	✓	✓	✓	✓		

Forest L. Tate #009879
Rockland County Jail
51-New Hempstead Road
New City, New York 10956

LEGAL MAIL

TTSMIT
P3
009879

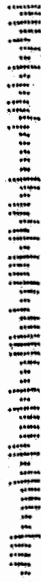
RECEIVED
SONY PRO SECURITY

2019 AUG 20 PM 2:51

S.O. OF N.Y.

To: Honorable Judge Sweete
United States District Court
Southern District of New York
500 Pearl Street
New York, New York 10007-1312

1000731330 C014



LEGAL MAIL

